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Advisory (Please Post)

TO: All MA Ambulance Services
FROM: Jon Burstein, State EMS Medical Director
Louise Goyette, Director
DATE: October 10, 2003
RE: 12-Lead Electrocardiogram (ECG) Competency

The purpose of this advisory is to ensure that Paramedics have demonstrated core competencies in the interpretation of selected ECGs. Your affiliate hospital medical director must ensure your EMT paramedics are in compliance.

As of November 1, 2003, emergency medical technicians (EMTs) functioning at the EMT-Paramedic level on advanced life support (ALS) units operating at the EMT-P level **must** be able to assess and document proficiency with:

1. The appropriate circumstances to obtain a 12 lead ECG (anytime cardiac ischemia has the possibility of being a significant factor in the course of the patient's present illness)
2. The application and acquisition of a 12 lead ECG including the correct locations of all leads.
Could be done as a lab
3. Wave form indications of coronary artery insufficiency including signs of ischemia, injury and infarction.
4. The anatomical relationships of coronary artery and myocardial anatomy as well as anatomical groupings.
5. Recognition of classic patterns of myocardial injury (inferior, anterior, lateral and combination insult)

6. Recognition of interpolation suggestive rhythms (i.e. RV and Posterior MI issues)

As of November 1, 2003, EMTs functioning at the EMT-Paramedic level on advanced life support (ALS) units operating at the EMT-P level must be **familiar with:**

1. Pseudo/Mimic Acute Coronary Syndromes (ACS) rhythms or patterns (i.e. early depolarization, pericarditis, BBBs, hypothermia, metabolic/drug induced changes)
2. Metoprolol, NTG & fluids with regard to 12 lead based assessment

It is your responsibility to ensure that your EMT-Paramedics read and understand this advisory.

If you have any concerns or questions please contact your regional medical director and or Thomas Quail, RN, Clinical Coordinator, OEMS. Thank you.